



## **HOOD COLLEGE HOUSING & ACADEMIC ACCOMMODATION REQUEST FORM**

### **TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL**

Your patient/client has requested accommodations, either academic, housing or both through the Office of Accessibility Services at Hood College. In order to provide reasonable accommodations, we require documentation of the specific functional limitations that result from the individual's disability. General statements about the disability do not help determine appropriate accommodations. Understanding the functional limitations of the disability allows us to understand the degree to which the disability substantially interferes with the living environment for our student. **We require clear documentation of limitations in function or performance specifically as it relates to the housing assigned. Substantiated need is constituted by a severe or chronic disabling condition that has been well-documented by an appropriate, qualified professional. The presentation of documentation and/or the recommendation of a care provider does not automatically guarantee disability status or specific accommodations.**

**As a four-year residential college, learning to live in a community and share space with others is an integral part of students' educational experience. Hood College has a three-year residency requirement for full-time undergraduate students.** A standard housing assignment is a two- or three-person sleeping room where bathroom facilities are located on the same floor, but not in the room, and with access to a communal kitchen on a hall or in the residence hall. Additionally, some suites, semi-suites are available that can have their own bathroom, even some with common living area and small kitchenettes. A limited number of single rooms are available to seniors (and other students upon request) on a space-available basis. **A student cannot make a request for a specific room, a building, or room type through the disability housing accommodation process.**

There are numerous campus locations that provide quiet spaces for studying (including study rooms in residential halls, 24-hour access to the Library-Commons & several academic buildings) that can also be reserved; therefore a request for a quiet, undisturbed space is considered a preference, not a medical necessity (i.e. including for ADHD and/or learning disability). A student's accommodation is considered after review of medical documentation, and when determined that a standard residential assignment is not a viable option for this student.

The healthcare professional completing this form must be actively treating the student for the disability that can impact the student's living experience. The form may not be completed by a family member, friend or office manager or staff.

**Hood College Health Services can complete this form when the request is temporary (e.g. needed for under 30 days.)**



## HOOD COLLEGE HOUSING ACCOMMODATION REQUEST MEDICAL PROVIDER FORM

STUDENT NAME: Type text here DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

CARE PROVIDER INFORMATION: (All boxes are required)

PROVIDER NAME:	CREDENTIALS / LICENSING
PROVIDER PRACTICE NAME & ADDRESS (OFFICE STAMP ACCEPTABLE)	
OFFICE PHONE NUMBER:	OFFICE EMAIL:

Is this considered a temporary disability? (e.g. short duration of time, needing recovery from surgery, etc.)

\_\_\_\_ Temporary; If temporary, the anticipated duration of the condition is:

- ☐ Less than 30 days
- ☐ One semester
- ☐ One academic year (two semesters)
- ☐ Other: \_\_\_\_\_.

Note: Under ADA, chronic conditions can qualify as disabilities even when they are not active. A condition that causes periodic flare-ups (such as Crohn's disease) will qualify as a disability if it meets the definition in its active state. Similarly, a person whose cancer is in remission will qualify as having a disability if that condition, when active, would meet the definition. **Accommodation decisions at Hood College must be made on an individual basis, and will be determined by the nature and extent of a disabling condition as documented by the medical professional and will vary in each case.**

\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Care Provider Signature:**

The certifying professional must have expertise in the diagnosis of the documented condition(s) and follow established practices in the field. This person should not be related to the student/patient.

**Section must be completed:** A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.” Examples of major life activities are: seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, learning, reading, communicating, working, performing manual tasks, caring for oneself, and the operation of major bodily functions.

A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event. A personal aid requirement cannot be provided by Hood College.

Diagnosis:	Diagnostic code:	Date of Initial Diagnosis:	Diagnosis Made by You: (yes/no)	For this diagnosis, are you currently seeing this student on a scheduled basis? (Select one or explain other)
Dx #1:				Weekly Monthly Annually As needed Ended treatment Other:
For DX 1: Is the medical condition: _____ Acute _____ Chronic _____ Episodic <i>Please explain:</i>				
Level of severity: mild      moderate      severe				
Dx #2:				Weekly Monthly Annually As needed Ended treatment Other:
For DX 2: Is the medical condition: _____ Acute _____ Chronic _____ Episodic <i>Please explain:</i>				
Level of severity: mild      moderate      severe				
Dx #3:				Weekly Monthly Annually As needed Ended treatment Other:
For DX 3: Is the medical condition: _____ Acute _____ Chronic _____ Episodic <i>Please explain:</i>				
Level of severity: mild      moderate      severe				

**Write N/A or leave blank if not applicable to your patient.**

**2.** Date of most recent evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Not to include the date this form was requested completed unless seen for a session/  
treating appointment)

**3.** What factors (related to housing) could exacerbate this condition? (i.e. stairs, carpeting,  
accessible bathrooms, room space, etc.):

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**4.** If pertinent for the housing accommodation request, list any therapeutic treatment which  
the student is currently using to manage this condition (e.g. medication, therapy, other). Any  
medical or therapeutic equipment needed (This would NOT be provided by Hood College but  
needs to be accommodated for in the residence.)

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**6.** Please indicate whether and how this student may be at risk during an emergency evacuation  
of the residence hall (e.g. fire):

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**7.** Provide information about how the student will manage these symptoms in other areas of  
the campus. Are there any further comments you feel the Housing Accommodation Committee  
should be aware of? :

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## **IMPORTANT INFORMATION CONCERNING SINGLE ROOM REQUESTS:**

### **Housing Accommodation General Information**

**A reasonable housing accommodation for a documented disability is not the same as needing quiet space to study or the student having living preferences. Additionally, roommate differences can be addressed by residence life staff through mediation, roommate contract agreements, and, when necessary, a room change can be made. This process does not need to go through the disability housing accommodations process.**

Typically, residence halls are environments in which large groups of students live that encompass shared living spaces, common-access bathrooms, and a wide variation of noise. **Student residence rooms are not designed as academic spaces; as such, students needing quiet study spaces should use a residence hall study room, the library or alternative quiet spaces.** The Student Success Center and/or Library Commons staff(s) can assist a student in finding a quiet environment to study and/or reserving a room, if necessary.

Aspects of campus living may pose challenges for students with disabilities. Please be advised that requests for housing assignments based on a student's preference, rather than need, for a particular living environment or location will not be honored. Specifically, single room accommodations are reserved for individuals whose documentation illustrates clear and substantial needs, and for whom a standard housing assignment with a roommate is not viable. Generally, a student with ADHD or a learning disability seeking a single room to serve as a quiet, undisturbed place to study represents a preference, but not a medical necessity, and therefore, not approved.

On the next page, please complete your medical recommendations for reasonable housing accommodations. **Examples:**

#### **Example-Reasonable Accommodation: Furniture**

→ **Example Reason:** Due to mobility, the student needs a lower bed (wider frame), no carpeting, etc.

#### **Example Reasonable Accommodation: Hearing-impaired strobes**

→ **Example Reason:** Due to a hearing impairment, the student needs to be alerted to alarms, a person knocking at a door, etc.

#### **Example Reasonable Accommodation: Elevator Accessible Room / First or Ground Floor Room**

→ **Example Reason:** Due to mobility issues, the student needs to be near the elevator or on an entry floor

#### **Example Reasonable Accommodation: Bathroom accessibility**

→ **Example Reason:** Due to a medical condition (or mobility issue), the student needs a shower grab bar, or wide stalls, or in a room near a bathroom

#### **Example Reasonable Accommodation: Single Room (no roommate)**

→ **Example Reason:** A request for a single room must clearly demonstrate how a shared sleeping space would adversely impact the student's ability to live and perform successfully at Hood College. The request must demonstrate that alternative adjustments would be insufficient.

### Single Room Accommodations:

A reasonable housing accommodation for a documented disability is not the same as needing quiet space to study or the student having living preferences. Additionally, having never shared a room or not wanting a roommate are considered preferences and would not alone warrant a disability housing accommodation. Likewise, roommate differences can be addressed by residence life staff through mediation, roommate contract agreements, and, when necessary (and space availability), a room change can be made. These residential supports can be provided directly through residence life and the student would not need to go through the disability housing accommodations process if that is the sole reason for a single request.

**If you are prescribing a single room for housing, please complete the following questions in detail:**

→ **a. In your professional opinion, what symptoms will be reduced for this individual and how important is it for the individual's well-being by having a single room (placed without a roommate)? Are there any risks associated with the student and isolation?**

**Please describe in detail how the disability interferes with one or more major life activities as would be encountered in the residential room/living environment.**

→ **c. Do you believe a single room is medically necessary for your patient/client?** (please select one)

**(i)** recommended, but these alternative accommodations would support the student if a single accommodation is not possible:

→ \_\_\_\_\_  
\_\_\_\_\_

**(ii)** not a medical necessity

**(iii)** a single is a medical necessity for this student

→ **d. Since single room accommodations are reviewed annually, in your professional opinion would you recommend (circle one):**

**(i)** a single for one semester

**(ii)** a single for one academic year

**(iii)** a single for remaining time as a resident student at Hood College

**(iv)** I would like to discuss with the student before the next academic year, and will provide an updated letter if changes are recommended

**For housing accommodations other than a single room:**

**(NOT for Emotional Support Animal---for ESA recommendation please see Page 8)**

What specific housing accommodation(s) do you recommend? Please list each reasonable accommodation and the reason for each. (Use additional paper if necessary.)

Reasonable Accommodation: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Is this accommodation a medical necessity? \_\_\_\_\_

If the above accommodations are not possible, what reasonable alternative accommodations can address the student's needs?

\_\_\_\_\_

Is this accommodation a medical necessity? \_\_\_\_\_

**Academic Accommodation Recommendations:** leave blank if not applicable

\*These are to be considered recommendations and must be reviewed along with required psychological assessments or medical reports, and if necessary, modified by Accessibility Services office before added to an accommodation plan. \*

Do you know if your patient was ever provided accommodations in K-12, community college or other post-secondary?

\_\_\_\_\_ IEP (public school students only, K-12)      \_\_\_\_\_ 504 plan (K-12)      \_\_\_\_\_ I don't know

\_\_\_\_\_ Accommodation plan (private school, K-12)      \_\_\_\_\_ Accommodation plan (postsecondary)

\_\_\_\_\_ This is the first time the student is requesting academic accommodations.

**Recommended Reasonable Academic Accommodations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

THIS FORM SHOULD NOT BE RETURNED TO THE STUDENT.

Submit completed requests in an envelope marked “confidential” to:

Hood College  
Office of Accessibility Services  
Beneficial-Hodson Library & Learning Commons, Suite 1027  
401 Rosemont Avenue  
Frederick, MD 21701

**OR**

Email to accessibilityservices@hood.edu

**OR**

Confidential Fax #

Name and Position of Medical Provider(print): \_\_\_\_\_

Signature of Medical Provider: \_\_\_\_\_

Credentials / License: \_\_\_\_\_

Address: (office stamp permitted)

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Telephone: \_\_\_\_\_